03/18/2011 14:04

FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X	For Other Than An	Authorized Comm	ittee	Offic	e Use Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LA OR TYPE OR PRINT		ing, type		
American College of Radiol	ogy Association Political Ad	ction Committee			
ADDRESS (number and street)	1891 Preston White I	Drive			
Check if different than previously reported. (ACC)	Reston			VA L	20191
2. FEC IDENTIFICATION NU	IMBER ₩	CITY 🛕	STA	ATE 🛋	ZIPCODE 🛕
C00343459		3. IS THIS REPORT	NEW (N) OR	X AMEND (A)	ED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(July 15 Quarterly Report(October 15 Quarterly Report(January 31 Quarterly Report(July 31 Mid-Year Report(Non-elect Year Only) (MY) Termination Report(TER)	Q2) (c) 12-Day PRE-Electic Report for t Q3) YE) ion (d) 30-Day Post -Electic Report for t	Election on General (on (12C)	Aug 20 (M Sep 20 (M Oct 20 (M General (12G) Special (12S)	Year Only) Dec 20 (M12) (Non-Election Year Only)
5. Covering Period	02 01 201	1 throug	h 02	28 20	11
I certify that I have examined this Type or Print Name of Treasurer	DD William Hamilant		t is true, correct and	d complete.	
	ronically Filed by DR Wil	liam Herrington rmation may subject the p	Date		1 8 2 0 1 1 lties of 2 U.S.C 437g.
Office Use					EC FORM 3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 45

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American College of Radiology Association Political Action Committee

D D [®] D 02 0 1 2011 0.2 28 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011 ° 678928.36 January 1 (b) Cash on Hand at 769551.62 Begining of Reporting Period 65387.99 191644.32 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 834939.61 870572.68 6(a) and 6(c) for Column B) 59010.24 94643.31 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 775929.37 775929.37 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 45

Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period:

From:

D D D

Y Y W Y 2 0 1 1

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м м 0 2 D D 28

Y Y Y Y 2 0 1 1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From: (a) Individuals/Persons Other			
Than Political Committees (i) Itemized (use Schedule A)	51191.68	160933.36	
(ii) Unitemized	14188.57	30696.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	65380.25	191629.86	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00	
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	65380.25	191629.86	
Transfers From Affiliated/Other Party Committees	0.00	0.00	
3. All Loans Received	0.00	0.00	
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00	
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00	
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00	
7. Other Federal Receipts (Dividends, Interest, etc.)	7.74	14.46	
3. Transfers from Non-Federal and Levin Funds			
(a) Non-Federal Account (from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00	
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	65387.99	191644.32	
Total Federal Receipts (subtract Line 18(c) from Line 19)	65387.99	191644.32	

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 45

	lendar Year-to-Date
00	0.00
.00	0.00
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.00	0.00
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00	0.00
00	270.00
24	3373.31
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.24	94643.31
0.24	94643.31
	010.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 45

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	65380.25	191629.86
34.	Total Contribution Refunds (from Line 28(d))	270.00	270.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	65110.25	191359.86
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Radiology Associ	ation Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Dr. Jay Harolds			Date of Receipt
Mailing Address 14421 Wilson Rd			M M / D D / Y Y Y Y Y O D D D D D D D D D D D D D D
City	State	Zip Code	Transaction ID: 38609435
Edmond	OK	73013-1510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Advanced Radiology Servic-	Occupation		
es Receipt For:		ic Radiologist Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	1000.00	
Full Name (Last, First, Middle Initial) Dr. Robert Rapoport	<u> </u>		Date of Receipt
Mailing Address 17 Wedgewood Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 38609436
Delmar	NY	12054-1323	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Northeast Advanced Imaging	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Manuel Brown			Date of Receipt
Mailing Address Henry Ford Hospital 2799 W Grand Blvd			02 04 2011
City	State	Zip Code	Transaction ID: 38617565
Detroit	MI	48202-2689	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2500.00
Name of Employer Henry Ford Hospital	Occupation Diagnost	n ic Radiologist	7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2500.00	
		0 0 0 0 0 0 0	4500.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Associations and S or for commercial purposes, other than using the S or for commercial purposes.	name and addre	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James Borgstede Mailing Address 3995 Kakatosi Ln City Colorado Springs FEC ID number of contributing federal political committee. Name of Employer University of Colorado Receipt For: Primary General Other (specify)	, '	Zip Code 80908-3239 Radiologist ′ear-to-Date ▼ 2500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 0 4 2 0 1 1 Transaction ID: 38617566 Amount of Each Receipt this Period 2500.00
Full Name (Last, First, Middle Initial) Dr. James Hevezi Mailing Address 185 SW 7th St Apt 360 City Miami FEC ID number of contributing federal political committee. Name of Employer CyberKnife Center of Miami Receipt For: Primary General Other (specify)	State FL C Occupation Physicist Aggregate Y	Zip Code 33130-2984 ′ear-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 0 4 2 0 1 1 Transaction ID: 38617567 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Walter Kuhnen Mailing Address 219 Quaker Hill Rd City Warren FEC ID number of contributing federal political committee. Name of Employer Warren Radiology Associates Receipt For: Primary General Other (specify)	, '	Zip Code 16365-1462 Radiologist /ear-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 38617568 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional))	3750.00

П	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 8 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold of any p	or used by any perso olitical committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American College of Radiology Association	iation Political Action Co	ommittee	
	Full Name (Last, First, Middle Initial) Dr. Deborah Levine			Date of Receipt
	Mailing Address Beth Israel-Deacones 330 Brookline Ave			02 04 7 2011
	City	State Zip Code		Transaction ID: 38617569
	Boston FEC ID number of contributing	MA 02215-5	400	Amount of Each Receipt this Period
	federal political committee.	C		1000.00
	Name of Employer Beth Israel-Deaconess Med	Occupation Diagnostic Radiologi	st	
	Ctr Receipt For:	Aggregate Year-to-Date		
	Primary General Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) Dr. Erik Kilgore			Date of Receipt
	Mailing Address Vancouver Radiologis 505 NE 87th Ave Ste			02 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	e	Transaction ID: 38752274
	Vancouver	WA 98664-4	899	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Vancouver Radiologists PC	Occupation Diagnostic Radiologi	st	
	Receipt For:	Aggregate Year-to-Date		
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Steven DePrima	1		Date of Receipt
	Mailing Address 430 Rovino Ave			0 2 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	•	Transaction ID: 38752275
	Coral Gables	FL 33156-4	261	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2000.00
	Name of Employer Self-employed	Occupation Diagnostic Radiologi	st	
	Receipt For:	Aggregate Year-to-Date		7
	Primary General Other (specify) ▼		2000.00	
Г	SUBTOTAL of Receipts This Page (optional) .			3500.00

A. NAME OF COMMITTEE (in Full) American College of Radiology Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Geoffrey Ibbott Mailing Address MD Anderson Cancer Ctr 1515 Holcombe Blvd Unit 94 City Houston TX T7030-4000 FEC ID number of contributing federal Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Geoffrey Ibbott Transaction ID: 38752277 Amount of Each Receipt this Period Fell Name (Last, First, Middle Initial) Dr. Justin Smith Mailing Address B. Pill Name (Last, First, Middle Initial) Dr. Justin Smith Mailing Address Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Justin Smith Mailing Address Aggregate Year-to-Date ▼ Transaction ID: 38752278 Amount of Each Receipt this Period Transaction ID: 38752278 Amount of Each Receipt this Period Transaction ID: 38752278 Amount of Each Receipt this Period Transaction ID: 38752278 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Inland Imaging Associates, Diagnostic Radiologist Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Justin Smith Aggregate Year-to-Date ▼ Transaction ID: 38752278 Amount of Each Receipt this Period Transaction ID: 38752278 Amount of Each Receipt this Period Transaction ID: 38752278 Amount of Each Receipt Transaction ID: 38752278 Amount of Each Receipt Transaction ID: 38752278 Transaction ID: 38752278 Amount of Each Receipt Transaction ID: 38752278 Transaction ID: 38752278 Transaction ID: 38752278 Amount of Each Receipt Transaction ID: 38752278 Transaction ID:	[SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
A. D.: Geoffey libed: Mailing Address MD Anderson Cancer Ctr 1515 Holcombe Blvd Unit 94 City State Zip Code Houston TX 77303-4900 FEC ID number of contributing federal political committee. Name of Employer Unit Shall Primary General Other (specify) ▼ FUI Name (Last, First, Middle Initial) Dr. Junior Shall Primary General Primary General Other (specify) For Inland For Inland Primary General Other (specify) For Inland For I	\	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	solicit contributions from such committee.
Total Holesoft Unit 94 City State Zip Code Houston TX 77030-4900 FEC ID number of contributing federal political committee. C Society For: Primary General Aggregate Year-to-Date ▼	∠ A .	,			Date of Receipt
City State Zip Code TX 77030-4000 FEC ID number of contributing federal political committee. Name of Employer TY MD Anderson Centributing General Object (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Justin Smith WA 98004-1112 FEQ ID number of contributing federal political committee. FUI Name (Last, First, Middle Initial) Dr. Justin Smith WA 98004-1112 FEQ ID number of contributing federal political committee. City State Zip Code Transaction ID: 38752278 Amount of Each Receipt For: Aggregate Year-to-Date ▼ FEQ ID number of contributing federal political committee. City State Zip Code Transaction ID: 38752278 Amount of Each Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Richard Hoppe Mailing Address Stanford Univ Med Ctr 875 Blake Wilbur Dr Rm CC-G224 City Stanford CA 94305-5847 FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: 38752280 Amount of Each Receipt this Period Transaction ID: 18752270 Amount of Each Receipt this Period Transaction ID: 18752270 Amount of Each Receipt this Period Transaction ID: 18752270 Date of Receipt Transaction ID: 18752270 Date of Receipt Transaction ID: 38752280 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C A 94305-5847 FEC ID number of contributing federal political committee. C A 94305-5847 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Transaction ID: 38752280 Amount of Each Receipt this Period Transaction ID: 38752280 Amount of Each Receipt this Period					
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Same of Employer Cocupation Physicist Receipt For: Primary General Gene		Houston	TX	77030-4000	Amount of Each Receipt this Period
ter Receipt For: Primary General Other (specify) ▼ State			C		500.00
Receipt For:					
Date of Receipt Mailing Address S488 Hunts Point Ln		Receipt For: Primary General	Aggregate		
Mailing Address 8488 Hunts Point Ln City State Zip Code WA 98004-1112 FEC ID number of contributing federal political committee. Name of Employer Inland Imaging Associates, P.A. Receipt For: Primary General Other (specify) ▼ State Zip Code Stanford University Receipt For: Aggregate Year-to-Date ▼ Name of Employer Stanford University Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Coccupation Date of Employer Stanford University Receipt For: Aggregate Year-to-Date ▼ Transaction ID: 38752280 Amount of Each Receipt this Period Transaction ID: 38752280 Transaction ID: 38752280 Amount of Each Receipt This Period Transaction ID: 38752280 Amount of Each Receipt this Period Transaction ID: 38752280 Amount of Each Receipt Transaction ID	- R				Date of Receipt
Hunts Point FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Richard Hoppe Mailing Address Stanford Univ Med Ctr 875 Blake Wilbur Dr Rm CC-G224 City State Zip Code Stanford Stanford CA 94305-5847 FEC ID number of contributing federal political committee. C. Date of Receipt Date of Receipt Transaction ID: 38752280 Amount of Each Receipt this Period Date of Receipt Transaction ID: 38752280 Amount of Each Receipt this Period Date of Receipt Transaction ID: 38752280 Amount of Each Receipt this Period Date of Receipt Transaction ID: 38752280 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 38752280 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 38752280 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 38752280 Amount of Each Receipt this Period Transaction ID: 38752280 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 38752280 Amount of Each Receipt this Period Transaction ID: 38752280 Amount of Each Receipt this Period Transaction ID: 38752280 Amount of Each Receipt this Period Transaction ID: 38752280 Amount of Each Receipt this Period	Ь.				M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Inland Imaging Associates, P.A. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Richard Hoppe Mailing Address Stanford Univ Med Ctr 875 Blake Wilbur Dr Rm CC-G224 City State Zip Code Stanford CA 94305-5847 FEC ID number of contributing federal political committee. Name of Employer Stanford University Receipt Transaction ID: 38752280 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 38752280 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Other (specify) ▼ 1000.00		City	State	Zip Code	
Name of Employer Inland Imaging Associates, P.A. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Richard Hoppe Mailing Address Stanford Univ Med Ctr 875 Blake Wilbur Dr Rm CC-G224 City State Zip Code CA 94305-5847 FEC ID number of contributing federal political committee. Name of Employer Stanford University Radiation Oncologist Receipt For: Primary General Occupation Radiation Oncologist Aggregate Year-to-Date ▼ Occupation Transaction ID: 38752280 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼		Hunts Point	WA	98004-1112	Amount of Each Receipt this Period
Inland Imaging Associates, P.A. Receipt For: Primary			С		750.00
Receipt For: Primary		Inland Imaging Associates,			
C. Dr. Richard Hoppe Mailing Address Stanford Univ Med Ctr 875 Blake Wilbur Dr Rm CC-G224 City State Zip Code Stanford CA 94305-5847 FEC ID number of contributing federal political committee. Name of Employer Stanford University Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Receipt For: Primary General	Aggregate	1 1 1 1 1 1 1	
City State Zip Code Stanford CA 94305-5847 FEC ID number of contributing federal political committee. Name of Employer Stanford University Receipt For: Primary General O2 10 2011 Transaction ID: 38752280 Amount of Each Receipt this Period 1000.00	- C.	,			Date of Receipt
Stanford CA 94305-5847 Amount of Each Receipt this Period C 1000.00 Name of Employer Stanford University Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 1000.00 Amount of Each Receipt this Period 1000.00				1	
FEC ID number of contributing federal political committee. Name of Employer Stanford University Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		-		•	
Name of Employer Stanford University Receipt For: Primary General Other (specify) ▼ Occupation Radiation Oncologist Aggregate Year-to-Date ▼ 1000.00				94305-5847	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		federal political committee.	C		1000.00
Primary General Other (specify) ▼ 1000.00					
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)			2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the name and address of any political committee sociation Political Action Committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mark Stephan Mailing Address 103 Mondavi Dr		Date of Receipt
City Lafayette	State Zip Code LA 70503-6635	Transaction ID: 38752720 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr. Layne Clemenz Mailing Address 725 River Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 38752721
Columbia	SC 29212-8809	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Lexington Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Dr. Daniel Coonce		Date of Receipt
Mailing Address Putnam Radiology 315 N Washington	Ave Ste 209	02 10 2011
City	State Zip Code	Transaction ID: 38752722
Cookeville FEC ID number of contributing federal political committee.	TN 38501-2660	Amount of Each Receipt this Period 500.00
Name of Employer Putnam Radiology, PC	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	·	4000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using to	d Statements may not be sold or used by any person he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Radiology Asso	ociation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Nathaniel Karlins		Date of Receipt
Mailing Address 2873 Lilac Ln N		0 2 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 38752723
<u>Fargo</u>	ND 58102-1706	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Sanford Health	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Vincent Fennell	_ I	Date of Receipt
Mailing Address 137 Saddlebow Rd		0 2 1 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 38752724
Bell Canyon	CA 91307-1039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer RADNet	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Carl Schultz	I	Date of Receipt
Mailing Address 1424 N Laurel Ave		02 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 38752726
<u>Upland</u>	CA 91786-2765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer San Antonio Radiological Medical Group	Occupation Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	500.00	
CURTOTAL of Descipts This Dags (antional)		1000.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb	·	1000.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 45 (check only one) X 11a
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American College of Radiology Asso	ciation Politica	al Action Committee	
۷.	Full Name (Last, First, Middle Initial) Dr. Diane Icenogle-Leuschen			Date of Receipt
	Mailing Address 105 Palo Alto		7:01	02 16 2011
	City Boerne	State TX	Zip Code 78006-5999	Transaction ID: 38789993 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Audie L. Murphy Veterans Administratio	Occupation Diagnosti	n ic Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Cindy Sirois			Date of Receipt
	Mailing Address 180 S.W. 6th Ct.			02 16 2011
	City	State	Zip Code	Transaction ID: 38789996
	Pompano Beach	FL	33060-8389	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Palm Beach Radiology Prof- essionals	Occupation Diagnosti	n ic Radiologist	
	Receipt For:	_	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
- :.	Full Name (Last, First, Middle Initial) Dr. Hugh Jones			Date of Receipt
	Mailing Address 22861 Harrow Wood	Court		02 16 2011
	City	State	Zip Code	Transaction ID: 38789997
	Boca Raton	FL	33433-1152	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Palm Beach Radiology Prof- essionals	_ '	ic Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Г		_1		1250.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC FO	for ea	separate schedule(s) ach category of the led Summary Page	FOR LINE NUMBER: PAGE 13 / 45 (check only one) X 11a
or for commercial purposes, other the	an using the name and address of a	any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Ini			Date of Receipt
Mailing Address 5101 Collin	Ave Apt 10B		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	<u></u>	Code	Transaction ID: 38790002
Miami Beach	FL 331	40-2726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Palm Beach Radiology Prof- essionals	Occupation Diagnostic Radio	ologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 500.00	
Full Name (Last, First, Middle In	ial)		Date of Receipt
Mailing Address 2461 NW 4	6th St		0 2 1 6 Y Y Y Y Y Y
City	·	Code	Transaction ID: 38790003
Boca Raton	FL 334	31-8432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Palm Beach Radiology Prof- essionals	Occupation Diagnostic Radio	ologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 500.00	
Full Name (Last, First, Middle Ini	ial)		Date of Receipt
Mailing Address 200 East Pa #13	lmetto Park Rd.		02 16 YYYYY 02 16 2011
City	State Zip	Code	Transaction ID: 38790004
Boca Raton	FL 334	32-5624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Palm Beach Radiology Prof- essionals	Occupation Diagnostic Radio	ologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 500.00	
	(optional)		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 45 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Radiology Asso	ociation Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Dr. Marat Bakman			Date of Receipt
Mailing Address 4545 N Ocean Blvd	Apt 5B		0 2 1 6 2 0 1 1
City Boca Raton	State FL	Zip Code 33431-5301	Transaction ID: 38790005 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Palm Beach Radiology Professionals Receipt For: Primary General Other (specify) ▼	_ '	n ic Radiologist • Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. S Kahn Mailing Address 898 E Boca Raton F	Rd		Date of Receipt 0 2 1 6 2 0 1 1
City	State	Zip Code	Transaction ID: 38790006
Boca Raton FEC ID number of contributing federal political committee.	C	33432-4120	Amount of Each Receipt this Period 500.00
Name of Employer Palm Beach Radiology Prof- essionals Receipt For:	_ ,	n ic Radiologist • Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	500.00]
Full Name (Last, First, Middle Initial) Dr. Kevin Cregan			Date of Receipt
Mailing Address Wayne Radiologists 2700 Med Office Pl	i		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Goldsboro	State NC	Zip Code 27534-9460	Transaction ID: 38790027
FEC ID number of contributing federal political committee.	C	2/534-9400	Amount of Each Receipt this Period 250.00
Name of Employer Wayne Radiologists	Occupation Diagnost	n ic Radiologist	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
	<u> </u>		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/45 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Radiology Ass	sociation Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Dr. Joseph Tashjian			Date of Receipt
Mailing Address 807 Summit Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 38790028
Saint Paul FEC ID number of contributing federal political committee.	C	55105-3355	Amount of Each Receipt this Period 500.00
Name of Employer St. Paul Radiology	Occupation	n ic Radiologist	
Receipt For: Primary General Other (specify) ▼	- 	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Raymond Thomas	 		Date of Receipt
Mailing Address Florence Radiologic 515 Rosewood Driv			0 2 1 5 2 0 1 1
City	State SC	Zip Code	Transaction ID: 38790029
Florence FEC ID number of contributing federal political committee.	C	29501-5455	Amount of Each Receipt this Period 250.00
Name of Employer Florence Radiological Ass-	Occupation	n ic Radiologist	
ociates Receipt For: Primary General	_ , '	e Year-to-Date ▼	1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. James Sloves			Date of Receipt
Mailing Address 4870 W Pinewild R	ld		02 15 2011
City Reno	State NV	Zip Code 89511-2779	Transaction ID: 38790035
FEC ID number of contributing federal political committee.	C	03311-2119	Amount of Each Receipt this Period 250.00
Name of Employer Holy Cross Hospital	Occupation Diagnost	n ic Radiologist	
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	1
SUBTOTAL of Receipts This Page (optional	al)		1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persoring the name and address of any political committee to sussociation Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David Harry		Date of Receipt
Mailing Address 136 Highview Rd		M M / D D / Y Y Y Y Y Y 15 2011
City	State Zip Code	Transaction ID: 38790036
Stephenson	VA 22656-2105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Winchester Medical Center	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Shane Kraske	L	Date of Receipt
Mailing Address 37 Columbine Ct		02 15 2011
City	State Zip Code	Transaction ID: 38790037
Iowa City	IA 52246-8716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Radiologic Medical Servic- es, Coralvill	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Randall S. Winn	I	Date of Receipt
Mailing Address Reading Hospital PO Box 16052	& Med Ctr	02 15 2011
City <u>Reading</u>	State Zip Code PA 19612-6052	Transaction ID: 38790038 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer West Reading Radiology As- soc	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	onal)	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 45 (check only one) X 11a 11b 11c 12
	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Radiology Ass	ociation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Bill Warren		Date of Receipt
Mailing Address UWMC Box 357115		02 / 15 / 2011
City Seattle	State Zip Code WA 98195-7115	Transaction ID: 38790041 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 90193-7113	250.00
Name of Employer University of Washington	Occupation Diagnostic Radiologist	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Brendan Doherty		Date of Receipt
Mailing Address 1512 Pinemont Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 38790042
<u>Columbia</u>	SC 29206-4422	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer U.S. Army	Occupation Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Paul Ellenbogen		Date of Receipt
Mailing Address 6612 Cliffbrook Dr		02 15 7 2011
City	State Zip Code	Transaction ID: 38790103
Dallas	TX 75254-8613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.34
Name of Employer Southwest Imaging & Inter- ven specialis	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 426.68	
CURTOTAL of Possints This Page (entires)	708.34

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	X 11a 11b 11c 12 _
Any information copied from such Reports and or for commercial purposes, other than using	 d Statements may not be sold or used by any p the name and address of any political committe	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Radiology Asse	ociation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Paul Lampert		Date of Receipt
Mailing Address 11595 E 26th St		02 15 2011
City	State Zip Code	Transaction ID: 38790114
Yuma	AZ 85367-2203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer MDIG	Occupation Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Kevin Smith	·	Date of Receipt
Mailing Address Regional Diagnostic 1406 6th Ave N	Radiology	0 2 1 5 2 0 1 1
City	State Zip Code	Transaction ID: 38790122
Saint Cloud	MN 56303-1900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.34
Name of Employer Regional Diagnostic Radio- logy	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 416.68	
Full Name (Last, First, Middle Initial) Dr. Thomas Anderson		Date of Receipt
Mailing Address Mercy Hospital & Mercy H	edical Clinical	02 15 2011
City	State Zip Code	Transaction ID: 38790130
Chicago	IL 60622-1825	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Radiological Physicians, Ltd.	Occupation Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		583.34

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 45 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to sociation Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jodi Barboza Mailing Address 5001 Sparks Rd City Little Rock FEC ID number of contributing federal political committee. Name of Employer Radiology Associates, P.A. Receipt For:	State Zip Code AR 72210-4955 C Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 2 1 8 / 2 0 1 1 Transaction ID: 38802347 Amount of Each Receipt this Period 1200.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Steven Dunnagan Mailing Address 150 Hickory Creek	1200.00	Date of Receipt
City Little Rock FEC ID number of contributing federal political committee. Name of Employer Radiology Associates, P.A.	State Zip Code AR 72212-2511 C Occupation Diagnostic Radiologist	Transaction ID: 38802348 Amount of Each Receipt this Period 1200.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 1200.00	
Dr. Jonathan Fravel Mailing Address Radiology Associat 500 S University Av City Little Rock FEC ID number of contributing federal political committee. Name of Employer	es ve Ste 101 State Zip Code AR 72205-5399 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Rame of Employer Radiology Associates Receipt For: Primary General Other (specify)	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional	J)	3600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedu for each category of Detailed Summary P	the X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by the name and address of any political con	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
American College of Radiology Asset	ociation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Jerome Gehl		Date of Receipt
Mailing Address 33 Edgehill Rd		02 18 2011
City	State Zip Code	Transaction ID: 38802350
<u>Little Rock</u>	AR 72207-5461	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Radiology Associates P.A.	Occupation Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000	0.00
Full Name (Last, First, Middle Initial) Dr. Melanie Hoover	•	Date of Receipt
Mailing Address Radiology Associate 500 S University Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 38802351
Little Rock	AR 72205-5314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Radiology Associates, P.A.	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) Dr. Dale Johnston		Date of Receipt
Mailing Address Radiology Associate 500 S University Ave		02 / 18 / 2011
City	State Zip Code	Transaction ID: 38802352
Little Rock	AR 72205-5314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Radiology Associates, P.A.	Occupation Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500	0.00
SUBTOTAL of Receipts This Page (optional		2100.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Assoc	e name and ad	dress of any political committee to	solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Kathleen Sitarik			Date of Receipt
	Mailing Address Radiology Associates 500 S University Ave S			0 2 1 8 2 0 1 1
	City	State	Zip Code	Transaction ID: 38802353
	Little Rock	AR	72205-5302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1200.00
	Name of Employer Radiology Associates PA	Occupation Diagnost	n tic Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1200.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Shannon Turner			Date of Receipt
	Mailing Address 40 Bellegarde Dr			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 38802354
	Little Rock	AR	72223-9185	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Radiology Associates, P.A.	Occupation Diagnos	n tic Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Mark Jones	1		Date of Receipt
	Mailing Address 35 Beech Cir			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 38802358
	Dyersburg	TN	38024-6561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Independent Radiology Ass- ociates	Occupation Diagnos	^{on} tic Radiologist	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		300.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00
\vdash	. 3 (1 7			-

Apy information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee is solicit contributions from such committee. NAME OF COMMITTEE (in Full)	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 45 (check only one) X
Date of Receipt Date of R	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Lake Worth FEC ID number of contributing federal political committee. Name of Employer Paim Beach Radiology Receipt For: Primary General Other (specify) ▼ State Zip Code Delray Beach Radiology Receipt For: Primary General Other (specify) ▼ State Zip Code Delray Beach FEC ID number of contributing federal political committee. Name of Employer Paim Beach Radiology Receipt For: Primary General Other (specify) ▼ State Zip Code Delray Beach FEC ID number of contributing federal political committee. Name of Employer Paim Beach Radiology Receipt For: Primary General Other (specify) ▼ State Zip Code Diagnostic Radiologist Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 38802360 Amount of Each Receipt this Period Diagnostic Radiologist Receipt For: Primary General Date of Receipt Date of Receipt Sound Date of Receipt Date of Receipt Sound Date of Receipt Transaction ID: 38802361 Amount of Each Receipt this Period Date of Receipt Transaction ID: 38802361 Amount of Each Receipt this Period Date of Receipt Transaction ID: 38802361 Amount of Each Receipt this Period Date of Receipt Transaction ID: 38802361 Date of Receipt Transaction ID: 38802361 Amount of Each Receipt this Period Date of Receipt Transaction ID: 38802361 Amount of Each Rec	Mailing Address PO Box 5359	State	Zip Code	0 2 1 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:	FEC ID number of contributing		·	
Date of Receipt Mailing Address 6371 D'Orsay Ct City Delray Beach FEC ID number of contributing federal political committee. Name of Employer Palm Beach Radiology PEC ID number of contributing C. Full Name (Last, First, Middle Initial) Dr. Amar Patel Mailing Address 7990 Baymeadows Rd., E. Unit 415 City State Zip Code FL 33484-6305 Feority Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 38802360 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Dr. Amar Patel Mailing Address 7990 Baymeadows Rd., E. Unit 415 City State Zip Code FL 32256-2965 FEC ID number of contributing federal political committee. Name of Employer Palm Beach Radiology Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 38802361 Amount of Each Receipt this Period 500.00	Receipt For: Primary General	Diagnost	ic Radiologist • Year-to-Date ▼	
City State Zip Code Delray Beach FL 33484-6305 FEC ID number of contributing federal political committee. Name of Employer Palm Beach Radiology Receipt For: Unit 415 FEC ID number of contributing federal political committee. C	DR James Grim, JR	'		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Palm Beach Radiology Receipt For:	City	State	Zip Code	
Name of Employer Palm Beach Radiology Receipt For:	Delray Beach	FL	33484-6305	Amount of Each Receipt this Period
Receipt For:		C		500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Amar Patel Mailing Address 7990 Baymeadows Rd., E. Unit 415 City State Zip Code Jacksonville FL 32256-2965 FEC ID number of contributing federal political committee. Name of Employer Palm Beach Radiology Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	-	Diagnost	ic Radiologist	
Dr. Amar Patel Mailing Address 7990 Baymeadows Rd., E. Unit 415 City State Zip Code Jacksonville FL 32256-2965 FEC ID number of contributing federal political committee. Name of Employer Palm Beach Radiology Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General	Aggregate		
Unit 415 City Jacksonville FEC ID number of contributing federal political committee. Name of Employer Palm Beach Radiology Receipt For: Primary General Other (specify) ▼ State Zip Code FL 32256-2965 C Transaction ID: 38802361 Amount of Each Receipt this Period 500.00	Dr. Amar Patel	•		⊣
Jacksonville FL 32256-2965 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 500.00 Amount of Each Receipt this Period 500.00 C Solution Diagnostic Radiologist Aggregate Year-to-Date Aggregate Year-to-Date Total Control of Each Receipt this Period 500.00 500.00 Amount of Each Receipt this Period 500.00 500.00 Amount of Each Receipt this Period 500.00 500.00 The primary General of Each Receipt this Period 500.00 The primary General of Each Receipt this Period 500.00 The primary General of Each Receipt this Period 500.00 The primary General of Each Receipt this Period 500.00 The primary General of Each Receipt this Period 500.00 The primary General of Each Receipt this Period The primary Gene		s Rd., E.		02 18 2011
FEC ID number of contributing federal political committee. Name of Employer Palm Beach Radiology Receipt For: Primary General Other (specify) Occupation Diagnostic Radiologist Aggregate Year-to-Date 500.00	-		·	
Receipt For: Primary Other (specify) Aggregate Year-to-Date 500.00	FEC ID number of contributing		32230-2903	Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ 500.00	Name of Employer Palm Beach Radiology			
1500.00	Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (options	al)		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 45 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	
American College of Radiology Ass	ociation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. David Dascal		Date of Receipt
Mailing Address 306 E 96th St Apt 3 City	E State Zip Code	02 / 18 / 2011
New York	NY 10128-3847	Transaction ID: 38802362 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Palm Beach Radiology	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Lorna Sohn Sohn Williams Mailing Address 16129 Bristol Pointe) Dr	Date of Receipt
Mailing Address 16129 Bristor Pointe	e Dr	02 18 2011
City	State Zip Code	Transaction ID: 38802363
Delray Beach	FL 33446-2357	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Palm Beach Radiology Prof- essionals, P.	Occupation Diagnostic Radiologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) DR Adam Gittleman		Date of Receipt
Mailing Address 6569 NW 39th Terra	ace	M M / D D / Y Y Y Y Y O D D / 2 D 1 1
City	State Zip Code	Transaction ID: 38802364
Boca Raton	FL 33496-4052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Palm Beach Radiology	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 45 (check only one) X
or fo	r information copied from such Reports and sor commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) American College of Radiology Assoc	ciation Politic	al Action Committee	
<u>ا</u>	Full Name (Last, First, Middle Initial) Dr. Seyed Bathaii			Date of Receipt
-	Mailing Address 5416 NW 41st Terrac	e		02 / 18 / 2011
	City Boca Raton	State FL	Zip Code	Transaction ID: 38802365
- I	FEC ID number of contributing federal political committee.	C	33496-2736	Amount of Each Receipt this Period 500.00
Ī	Name of Employer Palm Beach Radiology	Occupatio Diagnost	n ic Radiologist	
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
<u>.</u>	Full Name (Last, First, Middle Initial) Dr. Edgard Pereira			Date of Receipt
ſ	Mailing Address 17387 Balaria St.			02 18 2011
	City	State	Zip Code	Transaction ID: 38802375
- I	Boca Raton FEC ID number of contributing federal political committee.	FL C	33496-3279	Amount of Each Receipt this Period 500.00
	Name of Employer Palm Beach Radiology Asso- ciates	Occupatio Diagnost	n ic Radiologist	
ļ	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Thomas Marino			Date of Receipt
ı	Mailing Address 1480 SW 8th Ave			0 2 1 8 2 0 1 1
(City	State	Zip Code	Transaction ID: 38802376
ı	Boca Raton FEC ID number of contributing federal political committee.	FL C	33486-6919	Amount of Each Receipt this Period 500.00
Ī	Name of Employer Palm Beach Radiology Associates	Occupatio	n ic Radiologist	
	Receipt For: Primary General Other (specify) ▼	_ ' _ `	e Year-to-Date ▼ 500.00	
SII	IBTOTAL of Receipts This Page (optional) .			1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 45 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American College of Radiology Ass	ociation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Lindy Book		Date of Receipt
Mailing Address 3680 Broadway	7:01	02 18 2011
City Fort Myers	State Zip Code FL 33901-8005	Transaction ID: 38802377
FEC ID number of contributing federal political committee.	C 33901-6003	Amount of Each Receipt this Period 500.00
Name of Employer Palm Beach Radiology Asso- ciates	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Fred Tow		Date of Receipt
Mailing Address 7488 Malibu Cres		0 2 1 8 2 0 1 1
City	State Zip Code	Transaction ID: 38802378
Boca Raton	FL 33433-4135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Palm Beach Radiology Asso- ciates	Occupation Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. R Terrell Frey		Date of Receipt
Mailing Address 8700 Deep Run Ln		0 2 1 8 2 0 1 1
City	State Zip Code	Transaction ID: 38802381
Cincinnati	OH 45243-1164	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Medical X-Ray, Inc.	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 45 (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Associations and S or for commercial purposes, other than using the state of the second seco	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Albert Blumberg Mailing Address Greater Baltimore Med 6701 N Charles St City Baltimore FEC ID number of contributing federal political committee. Name of Employer Greater Baltimore Medical Ctr Receipt For: Primary General Other (specify)	State MD C Occupatio Radiation	Zip Code 21204-6881 n n Oncologist e Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 1 8 2 0 1 1 Transaction ID: 38821489 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. James Friedland Mailing Address 7600 Pine Canyon Dr City Flagstaff FEC ID number of contributing federal political committee. Name of Employer Tuba City Regional Healthcare Corp. Receipt For: Primary General Other (specify)	,	Zip Code 86004-1266 n ric Radiologist e Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Mark Adams Mailing Address 12 Bordeaux Way City Fairport FEC ID number of contributing federal political committee. Name of Employer University of Rochester Receipt For: Primary General Other (specify)		Zip Code 14450-4614 n cic Radiologist e Year-to-Date ▼ 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y O 2 2 5 2 0 1 1 Transaction ID: 38821829 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional))	2250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 45 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology Ass	d Statements may not be sold or used by any perso the name and address of any political committee to ociation Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Frank Hayden, JR Mailing Address 101 Babbs Hollow City Greenville	State Zip Code SC 29607-3745	Date of Receipt M M / D D / Y Y Y Y Y 0 2 2 5 2 0 1 1 Transaction ID: 38821830 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Comanche County Memorial Hospital Receipt For: Primary General Other (specify)	Occupation Diagnostic Radiologist Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) Dr. Michael McCarthy Mailing Address 1615 Eagle Point City San Antonio FEC ID number of contributing federal political committee. Name of Employer University of TX Health Science Ctr Receipt For: Primary General Other (specify)	State Zip Code TX 78248-1337 C Occupation Diagnostic Radiologist Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 38821831 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Samuel Hill, IV Mailing Address 1860 Houndsfield D City Florence FEC ID number of contributing federal political committee. Name of Employer Florence Radiological Associates, P.A. Receipt For: Primary General Other (specify)	State Zip Code SC 29506-8552 C Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 2 28 2011 Transaction ID: 39007474 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports a	and Statements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER: PAGE 28 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American College of Radiology As		• •	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Christopher McManus Mailing Address 9 Collins Crest Ct			Date of Receipt
City	State	Zip Code	0 2 2 8 2 0 1 1 Transaction ID: 39007478
Greenville	SC	29607-3774	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Wake Forest Univ School of Med Receipt For: Primary General Other (specify) ▼		n ic Radiologist • Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Hugo Falcon, JR Mailing Address 412 Herrington Dr	NE		Date of Receipt
City Atlanta	State GA	Zip Code 30342-3822	Transaction ID: 39007479 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Diagnostic Imaging Specia- lists Receipt For: Primary General Other (specify) ▼		n ic Radiologist e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William Thomeier			Date of Receipt
Mailing Address 1180 Saint Mellion	n Dr		0 2 2 8 2 0 1 1
City Presto	State PA	Zip Code 15142-1010	Transaction ID: 39007480 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Tycor Imaging Group	Occupation Diagnost	n ic Radiologist	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 45 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology Ass	the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Timothy Bernauer Mailing Address 13 Pintail Pl			Date of Receipt
City Appleton FEC ID number of contributing	State WI	Zip Code 54913-8068	Transaction ID: 39007482 Amount of Each Receipt this Period
federal political committee. Name of Employer Radiology Associates of Appleton Receipt For: □ Primary □ General □ Other (specify) ▼		n ic Radiologist Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) Dr. Michael Raskin Mailing Address 144 N Sewalls Poin	t Rd		Date of Receipt 0 2 2 8 2 0 1 1
City	State	Zip Code	Transaction ID: 39008462
Sewalls Point	FL	34996-6502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Michael M. Raskin, P.A.		ic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Locke Barber	•		Date of Receipt
Mailing Address 201 Haines Dr			02 28 2011
City	State	Zip Code	Transaction ID: 39008464
Moorestown	NJ	08057-2636	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Radiology Associates of New Jersey Receipt For:		n ic Radiologist e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	250.00	
SUBTOTAL of Receipts This Page (optional	n		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 45 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Radiology Associa	ation Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Dr. Roy Siragusa			Date of Receipt
Mailing Address 28 Winding Creek Way	,		0 2 2 8 2 0 1 1
City	State	Zip Code	Transaction ID: 39008639
Ormond Beach	FL	32174-6773	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Radiology Associates of	Occupatio		7
Daytona Beach Receipt For:		tic Radiologist	_
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James Webb			Date of Receipt
Mailing Address 9132 E 101st Pl			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 39011586
Tulsa	OK	74133-6912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Univ of Oklahoma Health Sci Ctr	Occupation Diagnost	n tic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Amy Kirby			Date of Receipt
Mailing Address 5209 Pulchella Drive			02 28 2011
City	State	Zip Code	Transaction ID: 39012408
Oklahoma City	OK	73142-6811	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Eagle Eye Imaging	Occupation Radiolog	n ly Resident	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)			700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 45 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology As	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Richard Kundel Mailing Address PO Box 10112 City	State	Zip Code	Date of Receipt M
Cedar Rapids FEC ID number of contributing federal political committee.	IA C	52410-0112	Amount of Each Receipt this Period 500.00
Name of Employer Radiology Consultants of lowa Receipt For: ☐ Primary ☐ General Other (specify) ▼		n ic Radiologist e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Zac Jumper Mailing Address 1212 Ryan Place	•		Date of Receipt 0 2 2 8 2 0 1 1
City	State	Zip Code	Transaction ID: 39068058
Knoxville	TN	37919-7205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Abercrombie Radiology		ic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John Simmons	•		Date of Receipt
Mailing Address 3530 Maloney Rd			02 28 2011
City	State	Zip Code	Transaction ID: 39068059
Knoxville FEC ID number of contributing federal political committee.	C	37920-7316	Amount of Each Receipt this Period 250.00
Name of Employer Abercrombie Radiology	Occupatio Diagnost	n ic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	I		1000.00

SCHEDULE ITEMIZED RI	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 45 (check only one) X 11a
or for commercial properties of NAME OF COM	irposes, other than using the na	ime and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Dr. Joe Johnson Mailing Address City Knoxville FEC ID number federal political of	First, Middle Initial) 1208 Shadyland Dr of contributing ommittee.	State TN	Zip Code 37919-8126	Date of Receipt M M
Name of Employ Abercrombie Ra Consultants Receipt For: Primary Other (spe	General		c Radiologist Year-to-Date ▼ 250.00	
Full Name (Last, Dr. Christopher A Mailing Address	First, Middle Initial) kens 1621 Wembley Hills Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 39068064
Knoxville FEC ID number federal political o		C	37922-8583	Amount of Each Receipt this Period 250.00
Name of Employ Abercrombie Ra Consultants Receipt For: Primary Other (spe	General		c Radiologist Year-to-Date ▼ 250.00]
Full Name (Last, Dr. Lane Williams	First, Middle Initial)			Date of Receipt
Mailing Address	3922 Glenfield Drive			0 2 2 8 2 0 1 1
City		State	Zip Code	Transaction ID: 39068065
Knoxville FEC ID number federal political of		C	37919-6698	Amount of Each Receipt this Period 250.00
Name of Employ Abercrombie Ra Consultants		Occupation Diagnosti	n c Radiologist	
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Re	eipts This Page (optional)			750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A C	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American College of Radiology Associ	ciation Politic	al Action Committee	
۷.	Full Name (Last, First, Middle Initial) Dr. Francis Greg Curtin			Date of Receipt
	Mailing Address 809 Creswell Ct		7: 0 1	02 28 2011
	City Knoxville	State TN	Zip Code 37919-7447	Transaction ID: 39068066 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07010 7447	250.00
	Name of Employer Abercrombie Radiological Consultants	Occupation Diagnos	n tic Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Benjamin Egner			Date of Receipt
	Mailing Address 2627 Macy Blair Rd			02 28 2011
	City	State	Zip Code	Transaction ID: 39068067
	Knoxville FEC ID number of contributing federal political committee.	C	37931-3155	Amount of Each Receipt this Period 250.00
	Name of Employer Abercrombie Radiology	Occupation Diagnost	n tic Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Jason Cameron			Date of Receipt
	Mailing Address Abercrombie Radiologischer Rd 1112 Weisgerber Rd	gy		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 39068068
	Knoxville FEC ID number of contributing federal political committee.	C	37909-2647	Amount of Each Receipt this Period 250.00
	Name of Employer Abercrombie Radiological Consultants		tic Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 45 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Associations and the control of t	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Diane Edge Mailing Address 1401 Queensbridge D City Knoxville FEC ID number of contributing federal political committee. Name of Employer Abercrombie Radiological	State TN C	Zip Code 37922-6083	Date of Receipt M M M
Consultants Receipt For: Primary General Other (specify) ▼	<u>-</u>	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Andrew Evancho Mailing Address 2330 Craig Cove Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 39068071
Knoxville FEC ID number of contributing federal political committee.	TN	37919-9311	Amount of Each Receipt this Period 250.00
Name of Employer Abercrombie Radiological Consultants Receipt For: Primary General Other (specify) ▼	_ <u> </u>	n cic Radiologist • Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William McKissick			Date of Receipt
Mailing Address 2414 Caravel Ln			02 / 28 / 2011
City	State	Zip Code	Transaction ID: 39068073
Knoxville FEC ID number of contributing federal political committee.	TN	37922-6174	Amount of Each Receipt this Period 250.00
Name of Employer Acrocrombie Radiological Consultants Receipt For: ☐ Primary ☐ General Other (specify) ▼	_ '	n cic Radiologist e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .		,	750.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 45 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and addr	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Radiology As	sociation Politica	I Action Committee	
Full Name (Last, First, Middle Initial) Dr. Donna Culhane			Date of Receipt
Mailing Address 6820 Stone Mill Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 39068074
Knoxville	TN	37919-7496	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Abercrombie Radiological	Occupation		
Consultants	 	Radiologist	_
Receipt For: Primary General	Aggregate `	Year-to-Date ▼	_
Other (specify)	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Wayne Eberenz			Date of Receipt
Mailing Address 6820 Stone Mill Dr			02 28 2011
City	State	Zip Code	Transaction ID: 39068075
Knoxville	TN	37919-7496	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Abercrombie Radiological Consultants	Occupation Diagnostic	c Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Daniel Walsh	<u> </u>		Date of Receipt
Mailing Address 9198 Hemingway (Grove Cir		02 28 2011
City	State	Zip Code	Transaction ID: 39068076
Knoxville	TN	37922-8090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Abercrombie Radiological	Occupation Diagnostic	c Radiologist	
Consultants Receipt For:	- 	Year-to-Date ▼	\dashv
Primary General Other (specify) ▼	Aggregate	250.00	1
SUBTOTAL of Receipts This Page (option	al)		750.00

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 45 (check only one)
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Association	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Samuel Maynard Mailing Address 6605 Cherry Dr City Knoxville FEC ID number of contributing federal political committee. Name of Employer Abercrombie Radiological Consultants Receipt For: Primary General Other (specify)	State TN C Occupatio Diagnost	Zip Code 37919-8235	Date of Receipt M M M / D D / Y Y Y Y Y Y O 2 8 2 8 2 0 1 1 Transaction ID: 39068077 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Margaret Uri Mailing Address 3530 Maloney Rd City Knoxville FEC ID number of contributing federal political committee.	State TN	Zip Code 37920-7316	Date of Receipt M M M
Name of Employer Abercrombie Radiology Receipt For: Primary General Other (specify) ▼	_ · _ · _ ·	n tic Radiologist e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Daniel Baker Mailing Address 304 Brooke Valley Blvc City	d State	Zip Code	Date of Receipt M
Knoxville FEC ID number of contributing federal political committee. Name of Employer Abercrombie Radiological Consultants		tic Radiologist	Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	750.00

SCHEDULE A (FEC Form 3: ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37/45 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Radiology As	<u>~</u>		
Full Name (Last, First, Middle Initial) Dr. Kenneth Pryor			Date of Receipt
Mailing Address 9118 Hemingway (Grove Cir		0 2 2 8 2 0 1 1
City	State TN	Zip Code	Transaction ID: 39068081
Knoxville FEC ID number of contributing federal political committee.	C	37922-8090	Amount of Each Receipt this Period 250.00
Name of Employer Abercrombie Radiology	Occupation Diagnost	n ic Radiologist	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Dale Nichols			Date of Receipt
Mailing Address 1618 Alcott Manor	Ln		0 2 2 8 2 2 0 1 1
City Knoxville	State TN	Zip Code 37922-8093	Transaction ID: 39068084
FEC ID number of contributing federal political committee.	C	37322-0093	Amount of Each Receipt this Period 250.00
Name of Employer Abercrombie Radiology	Occupation	n ic Radiologist	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Glenn Hananouchi			Date of Receipt
Mailing Address 1545 E La Quinta	Dr		0 2 0 1 2 0 1 1
City Fresno	State CA	Zip Code 93730-4525	Transaction ID: 39276959 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35730-4323	0.00
Name of Employer Sierra Imaging Associates	Occupation Diagnost	n ic Radiologist	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 0.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$20.00 This changes the YTD Total to \$0.00
	<u> </u>		500.00

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and State or for commercial purposes, other than using the received and the state of the s	Use separate schedule(s) for each category of the Detailed Summary Page attements may not be sold or used by any personame and address of any political committee to	FOR LINE NUMBER: PAGE 38 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee
NAME OF COMMITTEE (In Full) American College of Radiology Associa	,,	
Full Name (Last, First, Middle Initial) Dr. Charles Tate, III Mailing Address 1090 SW 15th St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Boca Raton	State Zip Code FL 33486-6858	Transaction ID: 39276960 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer Radiologists of N. Ft. La- uderdale, PA	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$50-0.00

SUBTOTAL of Receipts This Page (optional)	•	0.00
TOTAL This Period (last page this line number only)	•	51191.68

SCHEDULE B (FEC Form 3X)

		CILCIOIII	•		arate schedule(s))K LINE heck on				L		: 39 / 4	
1T	EMIZED DIS	BURSEMEN	15		category of the Summary Page			21b 27	22 28a	X	23 28b	2 2	4 8c	25 29	
or f	or commercial pur NAME OF COMM	d from such Reports poses, other than usin IITTEE (In Full) age of Radiology A	ng the name	and addre	ss of any politica	com	nmit								3
<u>L</u>	Full Name (Last, F	First, Middle Initial)							Trans	sacti	on ID:	384	9451	4	
	Jesse Jackson Mailing Address	Jr For Congress P.O. Box 49028	36						Date 0 2		sburse 2	ement	Y	Ý 0 Ý 1	Y
	City Chicago			State IL	Zip Code 60649				Amou	ınt o	f Each	Disbu		nt this F	-
	Purpose of Disbur	rsement					01		<u> </u>				2	500.00)
	Candidate Name Rep. Jesse L. J Office Sought:	Jackson, Jr.	Diahuraa	ment For:	2012		ateg Typ	gory/ be	_						
	J	Senate President		Primary Other (spe	General										
	State: IL Full Name (Last, F	District: 02 First, Middle Initial)							Trans	sacti	on ID:	385	0092	a 9	
	Rehberg For Co	ongress							Date		sburse	ement			Υ
	Mailing Address	PO Box 1597							0 2			4		ž 0 1 1	
	City Helena			State MT	Zip Code 59624				Amou	ınt o	f Each	Disbu		nt this F	
	Purpose of Disbur Candidate Name Rep. Dennis R.						01 ateg	gory/			•			00.00	,
	Office Sought: State: MT	X House Senate President District: 01		ment For: Primary Other (spe	2012 General		' УЬ								
	Full Name (Last, F Committee To	First, Middle Initial) Re-Elect Linda Sa	nchez								sburse	ement	7951		V
	Mailing Address	1212 S. Victory Suite 211	Blvd						0 2		1	3 /		ž 0 1 1	
	City Burbank			State CA	Zip Code 91502				Amou	ınt o	f Each	Disbu		nt this F	
	Purpose of Disbursement Candidate Name						01	1 gory/	L.		-		50	00.00	
	Rep. Linda T. S						Тур								
	Office Sought:	X House Senate President	Disburse X	ment For: Primary Other (spe	2012 General ecify) ▼										
	State: CA	District: 39													

		3 (FEC Form	y US	e sepa	arate schedule(s)		_		NUMBE	R:		PAGE	40 / 4	45
ITE	EMIZED DIS	SBURSEMEN	TS for	each	category of the Summary Page	-	(check 21 27	b [22 28a	X 23		24 E	25 29	П
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\	NAME OF COMM American Colle	MITTEE (In Full) ege of Radiology A	ssociation Pol	itical	Action Commi	ittee								
	Full Name (Last, First, Middle Initial) Michael Burgess For Congress										ID: 38 ursemen		9	
i	Mailing Address	PO Box 2334							0 ^M 2	M /	14	/ Y	ž 0 1 1	Y
	City Denton		State TX		Zip Code 76202				Amou	nt of Ea	ach Disb			-
	Purpose of Disbu	ırsement					011			•		10	00.00	
	Candidate Name Rep. Michael (Office Sought:	C. Burgess, M.D.	Disbursement	For:	2012		tegory/ ype							
	State: TX	Senate President District: 26	X Prim	nary	General ecify) ▼									
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Ī	Mailing Address	5915 Eastman Suite 100	Avenue						0 2	M /	^D 0 ^B	/ Y	ž 0 1 1	Y
	City Midland		State MI		Zip Code 48640				Amou	nt of Ea	ach Disb			
	Purpose of Disbu	ırsement					011					2	00.00	
	Candidate Name Rep. David Le	e Camp					tegory/ ype							
	Office Sought: State: MI	X House Senate President District: 04	Disbursement X Prim Othe	nary	2012 General ecify)									
	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee								Date	of Disbu	ID: 38	t		
Ī	Mailing Address	425 Second Str	eet Northeast						0 ^M 2	M /	^D 0 2	/ Y	ž 0 1 1	Y
1	City Washington		State DC		Zip Code 20002				Amou	nt of Ea	ach Disb			
	Purpose of Disbu)11 tegory/		L.	•	•	5	00.00	
	National Repul Office Sought:	blican Senatorial C	Disbursement	-			ype							
		Senate	Prim	•	General									
	State:	President District:	Othe	er (spe	ecify) 🔻									

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			NUMBE	R:		Р	AGE	41 /	45				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1 -	к oni 1b	y one) 22	X	23	24	Г	25	26				
		2		28a		28b	280		29	30b				
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name										S				
NAME OF COMMITTEE (In Full)														
American College of Radiology Association	n Political Action Committee	е												
Full Name (Last, First, Middle Initial) National Republican Congressional Comn	Full Name (Last, First, Middle Initial) National Republican Congressional Committee								Transaction ID: 38779749 Date of Disbursement					
Mailing Address 320 First Street	Mailing Address 320 First Street							$\begin{bmatrix} 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 $						
City Washington	State Zip Code DC 20003			Amou	ınt o	f Each	Disburs	emen	t this	Period				
Purpose of Disbursement			_					50	00.00					
Candidate Name National Republican Congressional Comn		011 Category Type	1/											
Senate President	ement For: Primary General Other (specify)													
State: District:														
Full Name (Last, First, Middle Initial) National Republican Congressional Comn	nittee			Date		isburs				V				
Mailing Address 320 First Street						′ _ ັດ	2 /	2	0 Ť	1				
City Washington	Amount of Each Disbursement this Period													
Purpose of Disbursement 011								50	00.00)				
Candidate Name National Republican Congressional Comn	Category Type	-												
Senate President	ement For: Primary General Other (specify)													
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National Republican Congressional Comn	nittee			Date		isburs				Υ				
Mailing Address 320 First Street				0 2		0	2 /	2	0 1	1				
City Washington	State Zip Code DC 20003			Amou	ınt o	f Each	Disburs	emen	t this	Period				
Purpose of Disbursement	Purpose of Disbursement							50	00.00)				
Candidate Name National Republican Congressional Comn	nittee	011 Category Type	1/											
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State: District:								_						
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IT	CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)		NUMBER: PAGE 42 / 45
	EMIZED DISBURSEMENTS	for each o	category of the Summary Page	(check only 21b 27	7 one) 22 X 23 24 25 28a 28b 28c 29 3
	Information copied from such Reports and State or commercial purposes, other than using the nar				
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) American College of Radiology Association				
	Full Name (Last, First, Middle Initial) Friends Of Joe Pitts				Transaction ID: 38783643 Date of Disbursement
	Mailing Address PO Box 775				$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & D & I & I \end{bmatrix} $
	City Unionville	State PA	Zip Code 19375		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name			011	1500.00
	Rep. Joseph R. Pitts	sement For:	2012	Category/ Type	
		Content For Content of	General		
	Full Name (Last, First, Middle Initial) Lincoln PAC				Transaction ID: 38802110 Date of Disbursement
	Mailing Address 3701 Connecticut Ave. Suite #404			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix} $	
	City Washington	State DC	Zip Code 20008		Amount of Each Disbursement this Period
	Purpose of Disbursement			011	5000.00
	Candidate Name Lincoln PAC			Category/ Type	
	Office Sought: House Disburs Senate	ement For: Primary	General		
	President	Other (spec	CITY)		
	President State: District: Full Name (Last, First, Middle Initial) Bucshon For Congress	Other (spe	CIIY) \		Transaction ID: 38802112 Date of Disbursement
	State: District: Full Name (Last, First, Middle Initial)	Other (spec	Ciry) 🔻		
	State: District: Full Name (Last, First, Middle Initial) Bucshon For Congress	Other (spec	Zip Code 47629		Date of Disbursement M 2 M / 2 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State: District: Full Name (Last, First, Middle Initial) Bucshon For Congress Mailing Address PO Box 250 City Newburgh Purpose of Disbursement	State	Zip Code	Q11	Date of Disbursement M 2 M / D 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State: District: Full Name (Last, First, Middle Initial) Bucshon For Congress Mailing Address PO Box 250 City Newburgh Purpose of Disbursement Candidate Name Mr. Larry Bucshon	State IN	Zip Code 47629	011 Category/ Type	Date of Disbursement M 2 M
	State: District: Full Name (Last, First, Middle Initial) Bucshon For Congress Mailing Address PO Box 250 City Newburgh Purpose of Disbursement Candidate Name Mr. Larry Bucshon Office Sought: X House Disburs	State	Zip Code 47629	Category/	Date of Disbursement M 2 M

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 43 / 45	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	7 one) 22 X 23 28a 28b	24 25 26 28c 29 30	
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)	and address of any political	Committee to 30	incit contributions from	in such committee	
American College of Radiology Association	Political Action Commi	ittee			
Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Com	mittee		Transaction ID: Date of Disburser		
Mailing Address 430 South Capitol Street 2nd Floor	Southeas		02 / 2	8 2011	
Washington	State Zip Code DC 20003		Amount of Each I	Disbursement this Period	
Purpose of Disbursement Candidate Name		011		5000.00	
Democratic Congressional Campaign Com Office Sought: House Disburser		Category/ Type			
Senate President	Primary General Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Com		Transaction ID: Date of Disburser	ment		
Mailing Address 430 South Capitol Street 2nd Floor		02 / 2	8 / 2011		
	State Zip Code DC 20003		Amount of Each I	Disbursement this Period	
Purpose of Disbursement		011		5000.00	
Candidate Name Democratic Congressional Campaign Com	mittee	Category/ Type			
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼				
Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Com	mittee		Transaction ID: Date of Disburser		
Mailing Address 430 South Capitol Street 2nd Floor	Southeas		02 / 2	8 2011	
	State Zip Code DC 20003		Amount of Each I	Disbursement this Period 5000.00	
Purpose of Disbursement	Purpose of Disbursement				
Candidate Name Democratic Congressional Campaign Com	Category/ Type				
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)		>		15000.00	

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	y Information copied from such Reports and Sta for commercial purposes, other than using the n									
$\overline{\ }$	NAME OF COMMITTEE (In Full)									
/	American College of Radiology Associa	ion Political Action Committe	е							
	Full Name (Last, First, Middle Initial)			Transaction ID:	38802379					
	Dr. Charles Tate, III			Date of Disburse	ement					
	Mailing Address 1090 SW 15th St			02 1	5 2011					
	City Boca Raton	State Zip Code FL 33486-6858		Amount of Each	Disbursement this Period					
	Purpose of Disbursement Contribution Refund		010	L	250.00					
	Candidate Name		Category/ Type							
	Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify)		Contribution Re	efund					
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SUBTOTAL of Disbursements This Page (optional)	<u> </u>	 	 250.00
TOTAL This Period (last page this line number only)		 	 250.00

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5(CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 45/45
IT	EMIZED DISBURSEMENTS	for each category of the	(check onl	y one)
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			27	28a 28b 28c X 29 30b
	y Information copied from such Reports and Sta	•		
or t	for commercial purposes, other than using the r	ame and address of any political co	ommittee to so	licit contributions from such committee
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American College of Radiology Associa	ion Political Action Committe	ee	
	Full Name (Last, First, Middle Initial)			Transaction ID: 39249232
	Bank of America			Date of Disbursement
			02 28 YYYY Y 2011	
	Mailing Address P.O. Box 27025			02 28 2011
	City	State Zip Code		Amount of Each Disbursement this Period
	Richmond	VA 23261-7025		
	Purpose of Disbursement	r		1740.24
	Bank Fees		001	
	Candidate Name		Category/	
			Type	
	Office Sought: House Disb	rsement For:		Bank Fees
	Senate	Primary General		Dalik i ees
	President	Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	1740.24
TOTAL This Period (last page this line number only)	—	1740.24